स्वदेशी अपनायें–देश बचायें

IMC

INTERNATIONAL MARKETING CORPORATION PVT. LTD.

Asia Pacific International Award, Gold Medal & National Achievement Award Winner

An ISO 9001:2008 Certified Company

E-mail : info@imcbusiness.com | www.imcbusiness.com | facebook.com/imcbusiness

CIN: U15490PB2013PTC038243

APPLICATION FOR TRANSFER OF BUSINESS WITHIN IMMEDIATE FAMILY

INFORMATION OF EXISTING ASSOCIATE

First Name:
Second Name:

Associate ID:

Address:

Date of Birth:

Email:
Phone:

DETAILS OF INCOMING ASSOCIATE (Immediate family member)

First Name:
Second Name:

Relationship:

- ☐ Daughter
- ☐ Father
- ☐ Mother
- ☐ Spouse
- ☐ Other

(Specify_____)

Address:

Date of Birth:

Email:
Phone:

I would like to transfer my Associateship to ..... (Name of the person whom you wish to make new Associate) who is an immediate family member and is my..... (Relationship), I also acknowledge and understand that IMC has the sole discretion to determine whether a request for such transfer of business be approved or denied.

Signature: _____ Date: _____

Documents to be attached with the application:

- New Associate Application Form signed by Incoming Associate along with KYC documents.
- Declaration from Outgoing Associate (Form 10.1)